Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| 1 P STDANGARI  | Application Number    | er  | 10/087,897  |   |  |  |  |
|--|-----------------------|---|---|---|--|--|--|
| TRANSMIT کے کا اور کا | Filing Date           |   | 03/01/2002  |   |  |  |  |
| <b>-</b> \   | First Named Inven     | tor   | Andrew Perkins et al.   |   |  |  |  |
| AUG 2 9 2005   | Art Unit              |   | 3721  |   |  |  |  |
| V)(to be used for all corresponden   | Examiner Name         |   | Huynh, Louis K.   |   |  |  |  |
| Total Number of Pages in This S  | Attorney Docket N     | umber   | 006759.00016  |   |  |  |  |
|  | ENCLO                 | SURES (check all tha                          | t apply)  |   |  |  |  |
| Fee Transmittal Form   | ☐ Drawing(s           |   |   | After Allowance Communication to TC   |  |  |  |
| Fee Attached   | Licensina             | -related Papers                               |   | Appeal Communication to Board   |  |  |  |
|  |                       | . S. a. C. a. p. c. c                         |   | of Appeals and Interferences  |  |  |  |
| Amendment After Board's Decision   | ☐ Petition            |   |   | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                      |  |  |  |
| After Final  |                       | Convert to a<br>al Application                |   | Proprietary Information   |  |  |  |
| Affidavits/declaration(s)  |                       | Attorney, Revocation<br>of Correspondence Add | Status Letter   |   |  |  |  |
| Extension of Time Request  | Terminal              | Disclaimer                                    | Other Enclosure(s) (please identify below):   |   |  |  |  |
|  |                       | for Refund                                    | PTO/SB/08a (4 forms); PTO/SB/08b (1 form); copies of 15 foreign documents; copies of 4 non U.S. patent literature |   |  |  |  |
| Express Abandonment Req  | uest CD, Numi         | ber of CD(s)                                  |   |   |  |  |  |
| Supplemental Information Disclosure Statement  | Lar                   | ndscape Table on CD                           |   | documents   |  |  |  |
| Certified Copy of Priority Document(s)   | Remarks               |   |   |   |  |  |  |
| Reply to Missing Parts/  |                       |   |   |   |  |  |  |
| Incomplete Application   |                       |   |   |   |  |  |  |
| Reply to Missing Parts<br>under 37 CFR1.52 or 1  | .53                   |   |   |   |  |  |  |
|  | SIGNATURE OF          | APPLICANT, ATTOI                              | RNEY, O   | R AGENT   |  |  |  |
| Firm   | Witcoff, LTD.         |   |   |   |  |  |  |
| Signature  | Pal'                  | m. Ruil                                       |   |   |  |  |  |
| Printed Name   | ard                   |   |   |   |  |  |  |
| Date   | 2005                  | Reg.<br>No.                                   | 43,446  |   |  |  |  |
|  | CERTIFICA             | TE OF TRANSMISS                               | ION/MAI   | LING  |  |  |  |
|  | as first class mail i | n an envelope addres                          |   | or deposited with the United States Postal Commissioner for Patents, P.O. Box 1450, |  |  |  |
| Signature  |                       |   |   |   |  |  |  |
| Typed or printed name  |                       |   |   | Date  |  |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/21 (09-04)
07/31/2006. OMB 0651-0031
ARTMENT OF COMMERCE

Complete if Known

10/087,897

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Application Number** 

Effective on 12/08/2004. gursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**EEE TRANSMITTAL** 

| 6 2 9 2005 for FY 2005  |                          |  | Fi                 | lling Date                   | 03/01/2002              |                               |                           |  |  |  |
|---|--------------------------|--|--------------------|------------------------------|-------------------------|-------------------------------|---------------------------|--|--|--|
|   |                          |  |                    | irst Named Inventor          | Andrew Perkins et al.   |                               |                           |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                          |  | 27 E               | xaminer Name                 | Huynh, Louis K.         |                               |                           |  |  |  |
| TOTAL AMOUNT OF PAYMENT   |                          | (n) 100 00                                       | A                  | rt Unit                      | 3721                    |                               |                           |  |  |  |
|   |                          | (\$) 180.00                                      |                    | ttorney Docket No.           | 006759.00               |                               | フ                         |  |  |  |
| METHOD OF PAYMENT   | Γ (check a               | all that apply)                                  | <del>.</del>       |                              |                         |                               |                           |  |  |  |
| ☐ Check ☐ Credit Car  | d 🔲 Mo                   | oney Order   Non-                                | e 🗌 Other          | (please identify) :          |                         |                               |                           |  |  |  |
| □ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.                      |                          |  |                    |                              |                         |                               |                           |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)              |                          |  |                    |                              |                         |                               |                           |  |  |  |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee                              |                          |  |                    |                              |                         |                               |                           |  |  |  |
|   |                          | ıl fee(s) or underpaym                           | nents of fee(s     | s) 🔀 Credit a                | ny overpaymer           | nts                           |                           |  |  |  |
| Under 37 6 WARNING: Information on thi authorization on PTO-2038.   | CFR 1.16 a<br>s form may |  | card informa       | tion should not be In        | cluded on this f        | form. Provide cr              | edit card information and |  |  |  |
| FEE CALCULATION   |                          |  |                    |                              |                         |                               |                           |  |  |  |
| 1. BASIC FILING, SEA  |                          |  |                    |                              |                         |                               |                           |  |  |  |
| FILING FEES SEAF<br><u>Small Entity</u>   |                          |  | SEARCI             | H FEES Small Entity          |                         | EXAMINATION FEES Small Entity |                           |  |  |  |
| Application Type  | Fee (\$)                 | Fee(\$)  | Fee(\$)            | Fee(\$)                      | Fee(\$)                 | Fee(\$)                       | Fees Paid (\$)            |  |  |  |
| Utility   | 300                      | 150  | 500                | 250                          | 200                     | 100                           |                           |  |  |  |
| Design  | 200                      | 100  | 100                | 50                           | 130                     | 65                            |                           |  |  |  |
| Plant   | 200                      | 100  | 300                | 150                          | 160                     | 80                            |                           |  |  |  |
| Reissue   | 300                      | 150  | 500                | 250                          | 600                     | 300                           |                           |  |  |  |
| Provisional   | 200                      | 100  | 0                  | 0                            | 0                       | 0                             |                           |  |  |  |
| 2. EXCESS CLAIM FE  | ES                       |  |                    |                              |                         |                               | Small Entity              |  |  |  |
| Fee Description   |                          |  |                    | Fee (\$)                     | Fee (\$)                |                               |                           |  |  |  |
| Each claim over 20 (including Reissues)   |                          |  |                    |                              |                         | 50                            | 25                        |  |  |  |
| Each independent claim over 3 (including Reissues)  |                          |  |                    |                              |                         | 200                           | 100                       |  |  |  |
| Multiple dependent claims   |                          |  |                    | o Baid (#)                   |                         | 360<br>Multiple               | 180                       |  |  |  |
|   |                          |  |                    |                              |                         |                               | Dependent Claims          |  |  |  |
|   |                          | X  | _ = _              |                              |                         | <u>Fee (\$)</u>               | <u>Fee Paid (\$)</u>      |  |  |  |
| HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee(\$) Fee Paid (\$) |                          |  |                    |                              |                         |                               |                           |  |  |  |
| 3 or HP=  |                          | _ x  | - = <u>-</u>       |                              |                         |                               |                           |  |  |  |
| HP = highest number of i  | ndependent               | claims paid for, if greate                       | r than 3.          |                              |                         |                               |                           |  |  |  |
| 3. APPLICATION SIZE   |                          |  |                    |                              |                         |                               |                           |  |  |  |
| If the specification and di   |                          |  |                    |                              |                         |                               | 1.50                      |  |  |  |
|   |                          | (e)), the application s<br>ee 35 U.S.C. 41(a)(1) |                    |                              | nail entity) for        | each additiona                | 11 30                     |  |  |  |
| Total Sheets  | Extra SI                 |  |                    | ditional 50 or fra           | ction therec            | of Fee (\$)                   | Fee Paid (\$)             |  |  |  |
|   | :                        |  |                    | p to a whole num             |                         |                               | =                         |  |  |  |
| 4. OTHER FEE(S)   | Fees Paid (\$)           |  |                    |                              |                         |                               |                           |  |  |  |
| Non-English Spe   |                          |  |                    |                              |                         |                               |                           |  |  |  |
| Other (e.g., late f   | 180                      |  |                    |                              |                         |                               |                           |  |  |  |
|   |                          |  |                    |                              |                         |                               |                           |  |  |  |
| SUBMITTED BY  |                          |  |                    |                              |                         |                               |                           |  |  |  |
| 76  | 20                       | m R  | 0                  | Registration No.             | 43,446                  | Telephone                     | (202) 824-3000            |  |  |  |
| Signature  Name (Print/Type)  Pa  | ul M. Riv                | vard.  | <u> </u>           | (Attorney/Agent)             | 10,110                  | Date                          | August 29, 2005           |  |  |  |
| This collection of information is requi   |                          |  | quired to obtain o | or retain a benefit by the p | public which is to file |                               |                           |  |  |  |